

FAIRFAX COUNTY
**APPLICATION FOR MODIFICATION OF THE REQUIREMENTS
OF THE AFFORDABLE DWELLING UNIT (ADU) ORDINANCE**

APPLICATION NO.: _____ (Assigned by Staff)

NAME OF APPLICANT: _____

NAME OF AGENT: _____

ADDRESS: _____

1. Postal Address of Property: _____

2. Tax Map Number/s: _____

3. Nearest Major Intersection: _____

4. Magisterial District: _____

5. Applicable Rezoning or Special Exception Case #/s: _____

6. Total Area Subject to RZ or SE Case: _____
(In acres or sq. ft.)

7. Site Plan or Subdivision Plat #: _____
(If applicable)

8. Subdivision Name: _____
(If applicable)

9. Size of Area Subject to Appeal (If different from # 5): _____
(In acres or sq. ft.)

10. For Pending Rezoning or Special Exception Cases:
a. Current Zoning: _____ b. Proposed Zoning: _____
c. Planning Comm. Date: _____ d. Board of Supervisors Date: _____

Approved: 10-23-90
Revised: 11-27-90
Revised: 05-19-91
Revised: 06-30-99

11. Project Statistics:

(if known)

(1)

(2)	(3)	(4)	(5)	
PROJECT TOTALS BY	% ADUS	NUMBER ADUS	% ADUS	NUMBER ADUS UNIT TYPE
& BEDROOM	REQUIRED	REQUIRED	PROPOSED	PROPOSED
DISTRIBUTION				

SINGLE FAMILY DETACHED

1 bedroom _____
 2 bedroom _____
 3 bedroom _____
 4 bedroom _____
 SUBTOTAL _____

x 12.5% = SUBTOTAL _____

1 bedroom _____
 2 bedroom _____
 3 bedroom _____
 4 bedroom _____
 SUBTOTAL _____

SINGLE FAMILY ATTACHED

1 bedroom _____
 2 bedroom _____
 3 bedroom _____
 4 bedroom _____
 SUBTOTAL _____

x 12.5% = SUBTOTAL _____

1 bedroom _____
 2 bedroom _____
 3 bedroom _____
 4 bedroom _____
 SUBTOTAL _____

TOTAL
 (sfd+sfa) _____

TOTAL
 (sfd+sfa) _____

TOTAL
 (sfd+sfa) _____

MULTIFAMILY

1 bedroom _____
 2 bedroom _____
 3 bedroom _____
 4 bedroom _____
 SUBTOTAL _____

x 6.25% = SUBTOTAL _____

1 bedroom _____
 2 bedroom _____
 3 bedroom _____
 4 bedroom _____
 SUBTOTAL _____

1 bedroom _____
 2 bedroom _____
 3 bedroom _____
 4 bedroom _____
 SUBTOTAL _____

TOTAL UNITS IN
 DEVELOPMENT _____

TOTAL ADUS
 REQUIRED _____

TOTAL ADUS
 PROPOSED _____

Note: Information by bedroom size is required only of site plan/subdivision plat applicants. Applicant in the rezoning stage need only provide totals by category (i.e., single family detached, single family attached, multifamily). Applicants desiring to provide land, cash or a combination thereof need not fill out columns 4 and 5.

The undersigned has the power to authorize and does hereby authorize Fairfax County staff representatives on official business to enter on the subject property as necessary to process

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the application.

Type or Print Name of Appellant or Agent

Signature of Appellant or Agent

Address

Telephone No. Home Work

Please provide name and telephone number of contact person if different from above. When the application and justification materials for the submission are complete the applicant will be notified of the case number and hearing date.

- Attachments to Include:
1. One page executive summary of the detailed written justification which specifies the requirements of the Ordinance which the applicant seeks to modify, states what the applicant proposes in lieu of meeting Ordinance requirements, and summarizes the justification for the modification.
 2. A detailed justification including any supporting documentation. A list of documents included must be provided.
 3. A Tax Map indicating the location of the subject property.
 4. An Affidavit disclosing ownership of the subject property and other essential professional data.

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